

FILED JAN 13 1951
#117873

STANDARD CERTIFICATE OF DEATH

State File No. 43056
11139

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE Missouri b. COUNTY 2239			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				STREET ADDRESS 23 2643a Allen Ave.		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)		a. (First) EDNA		b. (Middle) Lee		c. (Last) YOUNG	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 widow		8. DATE OF BIRTH Sept. 14, 1865	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		9b. KIND OF BUSINESS OR INDUSTRY ----		9. AGE (In years last birthday) 85		10. DATE OF DEATH (Month) December (Day) 26 (Year) 1950	
11. BIRTHPLACE (State or foreign country) Moberly, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William E. Harris		13b. MOTHER'S MAIDEN NAME Cora Lee Former	
14. NAME OF HUSBAND OR WIFE Oscar D. Young		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Paul A. Young, 2643a Allen Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concephalomalacia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332X			
22. I hereby certify that I attended the deceased from 12/23/50, 19, to 12/26/50, 19, that I last saw the deceased alive on 12/26/50, 19, and that death occurred at 6:15pm, from the causes and on the date stated above.							
23a. SIGNATURE John S. Lawton		(Degree or title) M.D. O		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 12/27/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 12-27-50		24c. NAME OF CEMETERY OR CREMATORY Palmara Cemetery		24d. LOCATION (City, town, or county) (State) Palmara, Missouri	
DATE REC'D BY LOCAL REG. DEC 27 1950		REGISTRAR'S SIGNATURE J. B. Lawton		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed
Student Embalmer

Licensed Embalmer No. 3623

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.